

OFFICE OF THE DISTRICT ATTORNEY  
COUNTY OF LOS ANGELES  
BUREAU OF SPECIAL OPERATIONS  
CONSUMER PROTECTION DIVISION  
201 N. FIGUEROA STREET, SUITE 1600  
LOS ANGELES, CALIFORNIA 90012-2660  
(213) 580-3273

COMPLAINT FORM

1. \_\_\_\_\_  
Complainant's Full Name Telephone Number

\_\_\_\_\_  
Address (Number, Street, City, State and Zip Code)

**MY COMPLAINT IS AGAINST:**

2. \_\_\_\_\_  
Name of Business and/or Individual

\_\_\_\_\_  
Address (Number, Street, City, State and Zip Code)

\_\_\_\_\_  
Full Name of Person You Dealt With Telephone Number

3. Have you had a previous business or personal relationship with the firm or any of its partners, officers, directors, or controlling persons?

[ ] Yes [ ] Business How Long \_\_\_\_\_  
[ ] No [ ] Personal

4. \_\_\_\_\_  
Place(s) Where Transaction(s) Occurred Date(s) of Transaction(s)

5. Have you contacted the business or individual regarding your complaint?

[ ] Yes [ ] No Date(s) of Contact(s) \_\_\_\_\_

6. \_\_\_\_\_  
(If Yes,) Person(s) Contacted Telephone Number

Results of contact(s): \_\_\_\_\_

7. Briefly describe the nature of your complaint. Keep dates of events in order.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

8. Have you filed your complaint with another law enforcement or consumer protection agency? If yes, provide agency information below.

Name of Agency

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Telephone Number

Address (Name, Street, City, State and Zip Code)

9. Do you know of any other victims in this matter? If yes, please provide names, addresses and telephone numbers in space provided below.

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10. Have you or any other victims filed a lawsuit in any courts? If yes, please provide date, case number, and name of county in which the lawsuit was filed.

11. PLEASE ATTACH A COPY OF THE ADVERTISEMENT, IF APPLICABLE TO THIS FORM.